

**United States Bankruptcy Court  
Western District of Virginia**

In re **Sheila Cornelia Faulkner**

Debtor(s)

Case No. **19-60003**

Chapter **13**

**CERTIFICATE OF SERVICE**

I hereby certify that on **January 10, 2019**, a copy of **the Chapter 13 Plan**, in conformity with the requirements of Federal Rule of Bankruptcy Procedure 7004, under Local Rule 3015-1(B), where applicable, was served electronically or by regular United States mail to all interested parties, the Trustee and all creditors listed below.

**Charlottesville Pain Management  
2050 Abbey Road  
Charlottesville, VA 22911**

**Charlottesville Pain Management  
PO Box 7096  
Stockton, CA 95267**

**Charlottesville Radiology LTD  
PO Box 197  
State College, PA 16804-0197**

**Charlottesville Radiology LTD  
PO Box 371863  
Pittsburgh, PA 15250**

**Charlottesville Radiology Ltd.  
PO Box 2545  
Virginia Beach, VA 23450-2545**

**Clarence Bowen  
P.O. Box 7545  
Charlottesville, VA 22906**

**Clarence Bowen  
P.O. Box 7545  
Charlottesville, VA 22906**

**CMRE Financial Services  
Attn: Bankruptcy  
3075 E Imperial Hwy Ste 200  
Brea, CA 92811**

**CMRE Financial Services  
Attn: Bankruptcy  
3075 E Imperial Hwy Ste 200  
Brea, CA 92811**

**CMRE Financial Svcs, Inc.  
3075 E Imperial Hwy, Ste 200  
Brea, CA 92821**

**Comcast  
PO Box 3005  
Southeastern, PA 19398**

**Comcast  
3912 LEnox Avenue  
Charlottesville, VA 22901**

**Comenitybank/New York  
Attn: Bankruptcy Dept  
Po Box 182125  
Columbus, OH 43218**

**Credit Acceptance  
25505 West 12 Mile Rd  
Suite 3000  
Southfield, MI 48034**

Credit Control Corp  
Po Box 120568  
Newport News, VA 23612

---

Credit Control Corp  
Po Box 120568  
Newport News, VA 23612

---

Dish Network  
PO Box 105169  
Atlanta, GA 30348-5169

---

Dish Network  
Dept. 0063  
Palatine, IL 60055

---

Dish Network  
P.O. Box 7203  
Pasadena, CA 91109

---

Diversified Consultants, Inc.  
PO Box 551268  
Jacksonville, FL 32255

---

Diversified Consultants, Inc.  
PO Box 1391  
Southgate, MI 48195

---

ERC  
P.O. Box 23870  
Jacksonville, FL 32241

---

FedLoan Servicing  
Attn: Bankruptcy  
Po Box 69184  
Harrisburg, PA 17106

---

FedLoan Servicing  
Attn: Bankruptcy  
Po Box 69184  
Harrisburg, PA 17106

---

FedLoan Servicing  
Attn: Bankruptcy  
Po Box 69184  
Harrisburg, PA 17106

---

Fingerhut Direct Marketing  
PO Box 166  
Newark, NJ 07101-0166

---

Ginnys/Swiss Colony Inc  
Attn: Credit Department  
Po Box 2825  
Monroe, WI 53566

---

Greene Comprehensive Family Dentist  
140 Stoneridge Dr S #200  
Ruckersville, VA 22968

---

Greene Comprehensive Family Dentist  
118 Stoneridge Drive, Suite A  
Ruckersville, VA 22968

---

Greene County Treasurer's Office  
PO Box 157  
Stanardsville, VA 22973

---

Internal Revenue Service  
Insolvency Unit  
400 N 8th St Ste 76  
Richmond, VA 23219-4836

---

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

---

Jefferson Capital Systems, LLC

---

Po Box 1999  
Saint Cloud, MN 56302

---

Medexpress Billing  
PO Box 719  
Dellslow, WV 26531

---

Mid America Bank & Trust  
PO Box 5235  
Sioux Falls, SD 57117

---

MidAmerica Bank & Trust Company  
Attn: Bankruptcy  
Po Box 400  
Dixon, MO 65459

---

National Recovery Agency  
P.O. Box 67015  
Harrisburg, PA 17106

---

Progress One Financial, LLC  
6121 Bridleford Dr  
Wesley Chapel, FL 33545

---

Rappahannock Electric Co Op  
13252 Cedar Run Church Road  
Culpeper, VA 22701

---

Rappahannock Electric Cooperative  
PO Box 34849  
Alexandria, VA 22334

---

Rappahannock Electric Cooperative  
PO Box 34757  
Alexandria, VA 22334

---

Rent-A-Center  
918 Preston Av  
Charlottesville, VA 22903

---

Rent-A-Center  
1920 Rio Hill Ctr  
Charlottesville, VA 22901

---

Rent-A-Center  
918 Preston Av  
Charlottesville, VA 22903

---

Security Check  
Attn: Bankruptcy Dept  
2612 Jackson Ave W  
Oxford, MS 38655

---

Sentara Collections  
PO Box 79698  
Baltimore, MD 21279-0698

---

Sentara Healthcare  
PO Box 79698  
Baltimore, MD 21279-0698

---

Sentara Martha Jefferson Hospital  
P.O. Box 759132  
Baltimore, MD 21275-9132

---

Sentara Martha Jefferson Medical &  
Surgical Associates  
590 Peter Jefferson Pkwy  
Charlottesville, VA 22911

---

Sentara Martha Medical Group  
P.O. Box 1583  
Charlottesville, VA 22902

---

Sprint  
PO Box 4191  
Carol Stream, IL 60197-4192

---

Suntrust Bank

---

P.O. Box 85024  
Richmond, VA 23285-5024

---

Suntrust Bank  
P.O. Box 26150  
Richmond, VA 23260

---

The Rahman Group  
8002 Discovery Drive Ste 311-A  
Henrico, VA 23229

---

Total Card, Inc.  
PO Box 84110  
Sioux Falls, SD 57118

---

UVA Health System  
PO Box 530272  
Patient Financial Services  
Atlanta, GA 30353

---

UVA Health System - Bankruptcy Dept  
Attn: Amber  
PO Box 800750  
Charlottesville, VA 22908

---

UVA Imaging  
PO Box 637248  
Cincinnati, OH 45263-7248

---

UVA Medical Center  
PO Box 530272  
Patient Financial Services  
Atlanta, GA 30353

---

UVA Physicians Group  
4105 Lewis & Clark Drive  
Charlottesville, VA 22911

---

Valley Credit Service, Inc.  
PO Box 2162  
Hagerstown, MD 21742

---

Virginia Breast Care  
595 Peter Jefferson Pkwy Ste 320  
Charlottesville, VA 22911

---

Virginia Department of Taxation  
Bankruptcy Unit  
PO Box 2156  
Richmond, VA 23218-2156

---

Wells Fargo Dealer Services  
Attn: Bankruptcy  
Po Box 19657  
Irvine, CA 92623

---

/s/ Larry L. Miller

---

Larry L. Miller  
Miller Law Group, P.C.  
485 Hillside Drive  
Suite 341  
Charlottesville, VA 22901  
434-974-9776 Fax: 434-973-6773

**Fill in this information to identify your case:**

Debtor 1 **Sheila Cornelia Faulkner**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF VIRGINIA**

Case number: **19-60003**  
 (If known)

☐ Check if this is an amended plan, and list below the sections of the plan that have been changed.

**Official Form 113**  
**Chapter 13 Plan**

12/17

**Part 1: Notices**

**To Debtor(s):** This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable.

*In the following notice to creditors, you must check each box that applies*

**To Creditors:** Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015. In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance. **Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.**

1.1	A limit on the amount of a secured claim, set out in Section 3.2, which may result in a partial payment or no payment at all to the secured creditor	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included
1.2	Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, set out in Section 3.4.	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included
1.3	Nonstandard provisions, set out in Part 8.	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included

**Part 2: Plan Payments and Length of Plan**

**2.1 Debtor(s) will make regular payments to the trustee as follows:**

**\$144** per **bi-weekly** for **60** months

*Insert additional lines if needed.*

If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in this plan.

**2.2 Regular payments to the trustee will be made from future income in the following manner.**

*Check all that apply:*

- ☒ Debtor(s) will make payments pursuant to a payroll deduction order.  
☐ Debtor(s) will make payments directly to the trustee.  
☐ Other (specify method of payment):

**2.3 Income tax refunds.**

*Check one.*

- ☒ Debtor(s) will retain any income tax refunds received during the plan term.

Debtor **Sheila Cornelia Faulkner** Case number **19-60003**

- ☐ Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all income tax refunds received during the plan term.
- ☐ Debtor(s) will treat income refunds as follows:

## 2.4 Additional payments.

Check one.

- ☒ **None.** If "None" is checked, the rest of § 2.4 need not be completed or reproduced.

## 2.5 The total amount of estimated payments to the trustee provided for in §§ 2.1 and 2.4 is **\$18,720.00**.

## Part 3: Treatment of Secured Claims

### 3.1 Maintenance of payments and cure of default, if any.

Check one.

- ☒ **None.** If "None" is checked, the rest of § 3.1 need not be completed or reproduced.

### 3.2 Request for valuation of security, payment of fully secured claims, and modification of undersecured claims. Check one.

- ☒ **None.** If "None" is checked, the rest of § 3.2 need not be completed or reproduced.

### 3.3 Secured claims excluded from 11 U.S.C. § 506.

Check one.

- ☐ **None.** If "None" is checked, the rest of § 3.3 need not be completed or reproduced.
- ☒ The claims listed below were either:

(1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or

(2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

These claims will be paid in full under the plan with interest at the rate stated below. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Collateral	Amount of claim	Interest rate	Monthly plan payment	Estimated total payments by trustee
<b>Credit Acceptance</b>	<b>2007 Kia Optima 127,000 miles NADA Value - \$4,200</b>	<b>\$2,369.00</b>	<b>6.00%</b>	<b>\$72.07</b>	<b>\$2,594.52</b>
				Disbursed by:	
				<input checked="" type="checkbox"/> Trustee	
				<input type="checkbox"/> Debtor(s)	

Insert additional claims as needed.

### 3.4 Lien avoidance.

Check one.

- ☒ **None.** If "None" is checked, the rest of § 3.4 need not be completed or reproduced.

### 3.5 Surrender of collateral.

Check one.

- ☐ **None.** If "None" is checked, the rest of § 3.5 need not be completed or reproduced.
- ☒ The debtor(s) elect to surrender to each creditor listed below the collateral that secures the creditor's claim. The debtor(s) request that upon confirmation of this plan the stay under 11 U.S.C. § 362(a) be terminated as to the collateral only and that the stay

Debtor **Sheila Cornelia Faulkner**Case number **19-60003**

under § 1301 be terminated in all respects. Any allowed unsecured claim resulting from the disposition of the collateral will be treated in Part 5 below.

Name of Creditor	Collateral
<b>Wells Fargo Dealer Services</b>	<b>2007 GMC Envoy Denali 175,000 miles NADA Value - \$8,350</b>

*Insert additional claims as needed.*

#### Part 4: Treatment of Fees and Priority Claims

##### 4.1 General

Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest.

##### 4.2 Trustee's fees

Trustee's fees are governed by statute and may change during the course of the case but are estimated to be **10.00%** of plan payments; and during the plan term, they are estimated to total **\$1,860.00**.

##### 4.3 Attorney's fees.

The balance of the fees owed to the attorney for the debtor(s) is estimated to be **\$3,950.00**.

##### 4.4 Priority claims other than attorney's fees and those treated in § 4.5.

*Check one.*

- ☐ **None.** If "None" is checked, the rest of § 4.4 need not be completed or reproduced.
- ☒ The debtor(s) estimate the total amount of other priority claims to be **\$4,419.45**

##### 4.5 Domestic support obligations assigned or owed to a governmental unit and paid less than full amount.

*Check one.*

- ☒ **None.** If "None" is checked, the rest of § 4.5 need not be completed or reproduced.

#### Part 5: Treatment of Nonpriority Unsecured Claims

##### 5.1 Nonpriority unsecured claims not separately classified.

Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. *Check all that apply.*

- ☐ The sum of \$ \_\_\_\_\_.
- ☒ **2.00** % of the total amount of these claims, an estimated payment of \$ **760.00**.
- ☐ The funds remaining after disbursements have been made to all other creditors provided for in this plan.

If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately \$ **0.00**.  
Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.

##### 5.2 Maintenance of payments and cure of any default on nonpriority unsecured claims. *Check one.*

- ☒ **None.** If "None" is checked, the rest of § 5.2 need not be completed or reproduced.

##### 5.3 Other separately classified nonpriority unsecured claims. *Check one.*

- ☒ **None.** If "None" is checked, the rest of § 5.3 need not be completed or reproduced.

#### Part 6: Executory Contracts and Unexpired Leases

Debtor **Sheila Cornelia Faulkner**Case number **19-60003****6.1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. Check one.**
☐  
☒
**None.** If "None" is checked, the rest of § 6.1 need not be completed or reproduced.**Assumed items.** Current installment payments will be disbursed either by the trustee or directly by the debtor(s), as specified below, subject to any contrary court order or rule. Arrearage payments will be disbursed by the trustee. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Description of leased property or executory contract	Current installment payment	Amount of arrearage to be paid	Treatment of arrearage (Refer to other plan section if applicable)	Estimated total payments to trustee
Clarence Bowen	Residential Lease	\$1,050.00	\$1,550.00		\$1,550.00
		Disbursed by: <input type="checkbox"/> Trustee <input checked="" type="checkbox"/> Debtor(s)			
Rent-A-Center	1 bed, 1 TV and Furniture	Pro Rata	\$0.00		\$3,508.21
		Disbursed by: <input checked="" type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)			

*Insert additional contracts or leases as needed.***Part 7: Vesting of Property of the Estate****7.1 Property of the estate will vest in the debtor(s) upon***Check the applicable box:*

- ☒ plan confirmation.  
☐ entry of discharge.  
☐ other: \_\_\_\_\_

**Part 8: Nonstandard Plan Provisions****8.1 Check "None" or List Nonstandard Plan Provisions**☐ **None.** If "None" is checked, the rest of Part 8 need not be completed or reproduced.*Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.**The following plan provisions will be effective only if there is a check in the box "Included" in § 1.3.***The debtors propose to make adequate protection payments other than as provided in Local Rule 4001-2.****Unless otherwise provided herein, the monthly payment amounts listed in Parts 3.2 and 3.3 of this Chapter 13 Plan will be paid as adequate protection beginning prior to confirmation to the holders of allowed secured claims.**

**1. Any unsecured proof of claim for a deficiency which results from the surrender and liquidation of the collateral noted in paragraph 3.5 of this plan must be filed by the earlier of the following dates or such claim will be forever barred: (1) within 180 days of the date of the first confirmation order confirming a plan which provides for the surrender of said collateral, or (2) within the time period set for the filing of an unsecured deficiency claim as established by any order granting relief from the automatic stay with respect to said collateral.**

**Said unsecured proof of claim for a deficiency must include appropriate documentation establishing that the collateral surrendered has been liquidated, and the proceeds applied, in accordance with applicable state law.**

**2. Any fees, expenses, or charges accruing on claims set forth in paragraph 3.1 of this Plan which are noticed to the debtor pursuant to Bankruptcy Rule 3002.1(c) shall not require modification of the debtor's plan to pay them. Instead, any such fees, expenses, or charges shall, if allowed, be payable by the debtor outside the Plan unless the debtor chooses to modify the plan to provide for them.**

**--All creditors must timely file a proof of claim to receive any payment from the Trustee.****--If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object**



Debtor Sheila Cornelia Faulkner

Case number 19-60003

to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.

--If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.

--The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.

**Part 9: Signature(s):**

**9.1 Signatures of Debtor(s) and Debtor(s)' Attorney**

*If the Debtor(s) do not have an attorney, the Debtor(s) must sign below, otherwise the Debtor(s) signatures are optional. The attorney for Debtor(s), if any, must sign below.*

X /s/ Sheila Cornelia Faulkner  
**Sheila Cornelia Faulkner**  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Executed on January 10, 2019

Executed on \_\_\_\_\_

X /s/ Larry L. Miller  
**Larry L. Miller**  
Signature of Attorney for Debtor(s)

Date January 10, 2019

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Official Form 113, other than any nonstandard provisions included in Part 8.

Debtor Sheila Cornelia FaulknerCase number 19-60003**Exhibit: Total Amount of Estimated Trustee Payments**

The following are the estimated payments that the plan requires the trustee to disburse. If there is any difference between the amounts set out below and the actual plan terms, the plan terms control.

a. Maintenance and cure payments on secured claims <i>(Part 3, Section 3.1 total)</i>	<u>\$0.00</u>
b. Modified secured claims <i>(Part 3, Section 3.2 total)</i>	<u>\$0.00</u>
c. Secured claims excluded from 11 U.S.C. § 506 <i>(Part 3, Section 3.3 total)</i>	<u>\$2,594.52</u>
d. Judicial liens or security interests partially avoided <i>(Part 3, Section 3.4 total)</i>	<u>\$0.00</u>
e. Fees and priority claims <i>(Part 4 total)</i>	<u>\$10,229.45</u>
f. Nonpriority unsecured claims <i>(Part 5, Section 5.1, highest stated amount)</i>	<u>\$767.82</u>
g. Maintenance and cure payments on unsecured claims <i>(Part 5, Section 5.2 total)</i>	<u>\$0.00</u>
h. Separately classified unsecured claims <i>(Part 5, Section 5.3 total)</i>	<u>\$0.00</u>
i. Trustee payments on executory contracts and unexpired leases <i>(Part 6, Section 6.1 total)</i>	<u>\$3,508.21</u>
j. Nonstandard payments <i>(Part 8, total)</i>	<u>\$0.00</u>
	+
<b>Total of lines a through j</b>	<b>\$17,100.00</b>

Fill in this information to identify your case:

Debtor 1 Sheila Cornelia FaulknerDebtor 2  
(Spouse, if filing)United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIACase number 19-60003  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY**Official Form 106I****Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status****Debtor 1**

- ☒ Employed
- ☐ Not employed

**Occupation**Certified Nursing Assistant**Employer's name**Monroe Health & Rehabilitation Center**Employer's address**1150 Northwest Drive  
Charlottesville, VA 22901**Debtor 2 or non-filing spouse**

- ☐ Employed
- ☐ Not employed

**How long employed there?** 13 years**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2.	<b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>4,854.00</u>	\$ <u>N/A</u>
3.	<b>Estimate and list monthly overtime pay.</b>	+\$ <u>0.00</u>	+\$ <u>N/A</u>
4.	<b>Calculate gross income.</b> Add line 2 + line 3.	\$ <u>4,854.00</u>	\$ <u>N/A</u>

Debtor 1 **Sheila Cornelia Faulkner**Case number (if known) **19-60003**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>4,854.00</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>1,177.00</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>N/A</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify: <b>Dental</b>	5h.+ \$ <b>25.00</b>	\$ <b>N/A</b>
<b>Medical</b>	\$ <b>191.00</b>	\$ <b>N/A</b>
<b>STD</b>	\$ <b>57.00</b>	\$ <b>N/A</b>
<b>Vision</b>	\$ <b>6.00</b>	\$ <b>N/A</b>
<b>Vol Life EE</b>	\$ <b>38.00</b>	\$ <b>N/A</b>
<b>Vol Add Ins</b>	\$ <b>3.00</b>	\$ <b>N/A</b>
<b>Lincoln LTD</b>	\$ <b>13.00</b>	\$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>1,510.00</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>3,344.00</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>197.00</b>	\$ <b>N/A</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>N/A</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify:	8h.+ \$ <b>0.00</b>	\$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>197.00</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>3,541.00</b> + \$ <b>N/A</b>	= \$ <b>3,541.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	<b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$	<b>3,541.00</b>
<b>Combined monthly income</b>		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: <b>Note: Debtor receives child support arrears in the amount of \$197, however she does not receive the payments on a regular consistent basis.</b>		

Fill in this information to identify your case:

Debtor 1 Sheila Cornelia Faulkner

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA

Case number 19-60003  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,050.00

## If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

## 5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Sheila Cornelia Faulkner**Case number (if known) **19-60003****6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$	<b>320.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>80.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>0.00</b>
6d. Other. Specify: <b>Cell Phone</b>	6d. \$	<b>67.00</b>
<b>Cable</b>	\$	<b>100.00</b>
<b>Internet</b>	\$	<b>29.00</b>

**7. Food and housekeeping supplies**7. \$ **650.00****8. Childcare and children's education costs**8. \$ **0.00****9. Clothing, laundry, and dry cleaning**9. \$ **150.00****10. Personal care products and services**10. \$ **125.00****11. Medical and dental expenses**11. \$ **75.00****12. Transportation.** Include gas, maintenance, bus or train fare.  
Do not include car payments.12. \$ **350.00****13. Entertainment, clubs, recreation, newspapers, magazines, and books**13. \$ **75.00****14. Charitable contributions and religious donations**14. \$ **0.00****15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$	<b>0.00</b>
15b. Health insurance	15b. \$	<b>0.00</b>
15c. Vehicle insurance	15c. \$	<b>148.00</b>
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: **Personal Property Taxes**16. \$ **12.00****17. Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: _____	17c. \$	<b>0.00</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**18. \$ **0.00****19. Other payments you make to support others who do not live with you.**\$ **0.00**

Specify: \_\_\_\_\_

19.

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>

**21. Other:** Specify: \_\_\_\_\_21. +\$ **0.00****22. Calculate your monthly expenses**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$	<b>3,231.00</b>
\$	
\$	<b>3,231.00</b>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<b>3,541.00</b>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>3,231.00</b>

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$	<b>310.00</b>
---------	---------------

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here: **Note: Debtor's boyfriend lives with her and pays his own expenses; boyfriend helps Debtors with housekeeping.**

Faulkner, Sheila - 19-60003

CHARLOTTESVILLE PAIN MANAGEMENT  
2050 ABBEY ROAD  
CHARLOTTESVILLE, VA 22911

CHARLOTTESVILLE PAIN MANAGEMENT  
PO BOX 7096  
STOCKTON, CA 95267

CHARLOTTESVILLE RADIOLOGY LTD  
PO BOX 197  
STATE COLLEGE, PA 16804-0197

CHARLOTTESVILLE RADIOLOGY LTD  
PO BOX 371863  
PITTSBURGH, PA 15250

CHARLOTTESVILLE RADIOLOGY LTD.  
PO BOX 2545  
VIRGINIA BEACH, VA 23450-2545

CLARENCE BOWEN  
P.O. BOX 7545  
CHARLOTTESVILLE, VA 22906

CMRE FINANCIAL SERVICES  
ATTN: BANKRUPTCY  
3075 E IMPERIAL HWY STE 200  
BREA, CA 92811

CMRE FINANCIAL SVCS, INC.  
3075 E IMPERIAL HWY, STE 200  
BREA, CA 92821

COMCAST  
PO BOX 3005  
SOUTHEASTERN, PA 19398

COMCAST  
3912 LENOX AVENUE  
CHARLOTTESVILLE, VA 22901

COMENITYBANK/NEW YORK  
ATTN: BANKRUPTCY DEPT  
PO BOX 182125  
COLUMBUS, OH 43218

Faulkner, Sheila - 19-60003

CREDIT ACCEPTANCE  
25505 WEST 12 MILE RD  
SUITE 3000  
SOUTHFIELD, MI 48034

CREDIT CONTROL CORP  
PO BOX 120568  
NEWPORT NEWS, VA 23612

DISH NETWORK  
PO BOX 105169  
ATLANTA, GA 30348-5169

DISH NETWORK  
DEPT. 0063  
PALATINE, IL 60055

DISH NETWORK  
P.O. BOX 7203  
PASADENA, CA 91109

DIVERSIFIED CONSULTANTS, INC.  
PO BOX 551268  
JACKSONVILLE, FL 32255

DIVERSIFIED CONSULTANTS, INC.  
PO BOX 1391  
SOUTHGATE, MI 48195

ERC  
P.O. BOX 23870  
JACKSONVILLE, FL 32241

FEDLOAN SERVICING  
ATTN: BANKRUPTCY  
PO BOX 69184  
HARRISBURG, PA 17106

FINGERHUT DIRECT MARKETING  
PO BOX 166  
NEWARK, NJ 07101-0166



Faulkner, Sheila - 19-60003

GINNYS/SWISS COLONY INC  
ATTN: CREDIT DEPARTMENT  
PO BOX 2825  
MONROE, WI 53566

GREENE COMPREHENSIVE FAMILY DENTIST  
140 STONERIDGE DR S #200  
RUCKERSVILLE, VA 22968

GREENE COMPREHENSIVE FAMILY DENTIST  
118 STONERIDGE DRIVE, SUITE A  
RUCKERSVILLE, VA 22968

GREENE COUNTY TREASURER'S OFFICE  
PO BOX 157  
STANARDSVILLE, VA 22973

INTERNAL REVENUE SERVICE  
INSOLVENCY UNIT  
400 N 8TH ST STE 76  
RICHMOND, VA 23219-4836

INTERNAL REVENUE SERVICE  
PO BOX 7346  
PHILADELPHIA, PA 19101-7346

JEFFERSON CAPITAL SYSTEMS, LLC  
PO BOX 1999  
SAINT CLOUD, MN 56302

MEDEXPRESS BILLING  
PO BOX 719  
DELLSLOW, WV 26531

MID AMERICA BANK & TRUST  
PO BOX 5235  
SIOUX FALLS, SD 57117

MIDAMERICA BANK & TRUST COMPANY  
ATTN: BANKRUPTCY  
PO BOX 400  
DIXON, MO 65459

Faulkner, Sheila - 19-60003

NATIONAL RECOVERY AGENCY  
P.O. BOX 67015  
HARRISBURG, PA 17106

PROGRESS ONE FINANCIAL, LLC  
6121 BRIDLEFORD DR  
WESLEY CHAPEL, FL 33545

RAPPAHANNOCK ELECTRIC CO OP  
13252 CEDAR RUN CHURCH ROAD  
CULPEPER, VA 22701

RAPPAHANNOCK ELECTRIC COOPERATIVE  
PO BOX 34849  
ALEXANDRIA, VA 22334

RAPPAHANNOCK ELECTRIC COOPERATIVE  
PO BOX 34757  
ALEXANDRIA, VA 22334

RENT-A-CENTER  
918 PRESTON AV  
CHARLOTTESVILLE, VA 22903

RENT-A-CENTER  
1920 RIO HILL CTR  
CHARLOTTESVILLE, VA 22901

SECURITY CHECK  
ATTN: BANKRUPTCY DEPT  
2612 JACKSON AVE W  
OXFORD, MS 38655

SENTARA COLLECTIONS  
PO BOX 79698  
BALTIMORE, MD 21279-0698

SENTARA HEALTHCARE  
PO BOX 79698  
BALTIMORE, MD 21279-0698

SENTARA MARTHA JEFFERSON HOSPITAL  
P.O. BOX 759132  
BALTIMORE, MD 21275-9132

Faulkner, Sheila - 19-60003

SENTARA MARTHA JEFFERSON MEDICAL &  
SURGICAL ASSOCIATES  
590 PETER JEFFERSON PKWY  
CHARLOTTESVILLE, VA 22911

SENTARA MARTHA MEDICAL GROUP  
P.O. BOX 1583  
CHARLOTTESVILLE, VA 22902

SPRINT  
PO BOX 4191  
CAROL STREAM, IL 60197-4192

SUNTRUST BANK  
P.O. BOX 85024  
RICHMOND, VA 23285-5024

SUNTRUST BANK  
P.O. BOX 26150  
RICHMOND, VA 23260

THE RAHMAN GROUP  
8002 DISCOVERY DRIVE STE 311-A  
HENRICO, VA 23229

TOTAL CARD, INC.  
PO BOX 84110  
SIOUX FALLS, SD 57118

UVA HEALTH SYSTEM  
PO BOX 530272  
PATIENT FINANCIAL SERVICES  
ATLANTA, GA 30353

UVA HEALTH SYSTEM - BANKRUPTCY DEPT  
ATTN: AMBER  
PO BOX 800750  
CHARLOTTESVILLE, VA 22908

UVA IMAGING  
PO BOX 637248  
CINCINNATI, OH 45263-7248

Faulkner, Sheila - 19-60003

UVA MEDICAL CENTER  
PO BOX 530272  
PATIENT FINANCIAL SERVICES  
ATLANTA, GA 30353

UVA PHYSICIANS GROUP  
4105 LEWIS & CLARK DRIVE  
CHARLOTTESVILLE, VA 22911

VALLEY CREDIT SERVICE, INC.  
PO BOX 2162  
HAGERSTOWN, MD 21742

VIRGINIA BREAST CARE  
595 PETER JEFFERSON PKWY STE 320  
CHARLOTTESVILLE, VA 22911

VIRGINIA DEPARTMENT OF TAXATION  
BANKRUPTCY UNIT  
PO BOX 2156  
RICHMOND, VA 23218-2156

WELLS FARGO DEALER SERVICES  
ATTN: BANKRUPTCY  
PO BOX 19657  
IRVINE, CA 92623